FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				40111011201	2 00111111111			Office Use Only	
1.	NAME OF COMMITTEE (in full		FEC MAILING LABE YPE OR PRINT ₩		mple:If typing r the lines	, type			
Ш	American College of	Radiology Ass	ociation						
Ш									
ADI	DRESS (number and si	treet) 18	91 Preston White Dr	ive					
	Check if different than previously reported. (ACC)	ı Be	eston				L ^{VA}	20191	-
2.	FEC IDENTIFICATION	ON NUMBER	—	CITY 🛋		5	STATE	ZIPCO	DE 🛕
	C00343459		3	. IS THIS REPORT		NEW (N) OR	At (A	MENDED .)	
4.	TYPE OF REPOR (Choose One) (a) Quarterly Report April 15 Quarterly F Quarterly F Quarterly F Quarterly F Quarterly F Quarterly F January 31 Quarterly F July 31 Mid Report(Notyear Only) Terminatio (TER)	Report(Q1) Report(Q2) Report(Q3) Report(YE) d-Year n-election (MY)	(c) 12-Day PRE-Election Report for the (d) 30-Day Post -Election Report for the	ection on	Ä.	12C)	Sep	in the	Special (30S)
	Covering Period				through	0 4 true, correct a	3 0 and complete.	2006	
Тур	e or Print Name of Tre	easurer <u>C</u>	R Milton Guiberteau						
	nature of Treasurer TE : Submission of fa	Electronically		Guiberteau	bject the pers		ate 0.5	1 2 e penalties of 2 U.	2 0 0 6 S.C 437g.
	Office Use Only				·			FEC FOR (Rev. 02/20	M 3X

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American College of Radiology Association D D " D 0.4 0 1 2006 0.4 3 0 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 331338.52 [°]2006 January 1 (b) Cash on Hand at 441985.31 Begining of Reporting Period 24544.64 214437.67 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 466529.95 545776.19 6(a) and 6(c) for Column B) 21591.54 100837.78 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 444938.41 444938.41 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period:

From:

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2006

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м м 0 4 ^D 3^D 0

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	15208.34	171343.18
	(ii) Unitemized	8348.34	39789.59
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	23556.68	211132.77
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23556.68	211132.77
	Transfers From Affiliated/Other Party Committees	0.00	0.00
13	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
1	to Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	987.96	3304.90
-	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24544.64	214437.67
	Total Federal Receipts (subtract Line 18(c) from Line 19)	24544.64	214437.67

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	1773.00
	Expenditures(c) Total Operating Expenditures	0.00	1170.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	1773.00
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	21000.00	96000.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))		
	(use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	591.54	3064.78
iO.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
4			
1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	21591.54	100837.78
	.,		
2.	Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)		
	(3000 act Line 21 (a)(ii) 110111 Line 30(a)(ii)	21591.54	100837.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	23556.68	211132.77
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23556.68	211132.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1773.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1773.00

PAGE 6/30 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American College of Radiology Association Full Name (Last, First, Middle Initial) Date of Receipt DR William Morrison Mailing Address 810 Locust St 0.4 06 2006 City State Zip Code Transaction ID: 13762803 Philadelphia PA 19107-5725 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Jefferson Hospital Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. DR Herbert Jones Date of Receipt Mailing Address 3508 W 28th St 0.4 06 2006 City Zip Code Transaction ID: 13762805 State **Minneapolis** MN 55416-4304 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Consulting Radiologists, Occupation Diagnostic Radiologist Ltd. Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. DR J Zetterberg Date of Receipt Mailing Address St Raphaels Hospital 0.4 2006 06 1450 Chapel St Citv State Zip Code Transaction ID: 13762806 New Haven CT Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer New Havon Radiology Assoc-Occupation Diagnostic Radiologist iates, PC Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American College of Radiology Associat	ion		
۸.	Full Name (Last, First, Middle Initial) DR Geoffrey Smith Mailing Address Casper Medical Imaging 419 S Washington St			Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Copper	State	Zip Code	Transaction ID: 13762807
	Casper FEC ID number of contributing federal political committee.	C	82601-2951	Amount of Each Receipt this Period 300.00
	Name of Employer Casper Medical Imaging Receipt For: Primary General Other (specify) ▼		n ic Radiologist e Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) DR James Bognanno Mailing Address 9234 Bluestone Cir			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13763082
	Indianapolis	IN	46236-8922	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Irvington Radiologists, P.C.	Occupation Diagnost	n ic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) DR Scott Childress			Date of Receipt
Mailing Address 7205 Shadeland Station Ste 150				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13763083
	Indianapolis	IN	46256-3974	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Irvington Radiologists, P.C.		ic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			800.00
т.	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American College of Radiology Associati	ion		
Α.	Full Name (Last, First, Middle Initial) DR Karen Ehrman Mailing Address Irvington Radiologists PC 7205 Shadeland Station S City Indianapolis FEC ID number of contributing		Zip Code 46256-3974	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Irvington Radiologists, P.C. Receipt For: Primary General Other (specify)	Occupation Diagnost	n ic Radiologist e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) DR William Elliott Mailing Address 13791 Conner Knoll Pkw		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
	City Fishers FEC ID number of contributing federal political committee.	State IN	Zip Code 46038-3490	Transaction ID: 13763085 Amount of Each Receipt this Period 250.00
	Name of Employer Irvington Radiologists, P.C. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n ic Radiologist e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) DR Mark Fox Mailing Address 12441 Anchorage Way				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Fishers	State	Zip Code	Transaction ID: 13763112
	FEC ID number of contributing federal political committee.	C	46038-9584	Amount of Each Receipt this Period 250.00
	Name of Employer Irvington Radiologists, P.C. Receipt For: Primary General Other (specify) ▼		n ic Radiologist e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 9/30 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American College of Radiology Associat	ion		
۹.	Full Name (Last, First, Middle Initial) DR Bryan Hankins			Date of Receipt
	Mailing Address 8452 Sunningdale Blvd			04 06 2006
	City	State	Zip Code	Transaction ID: 13763113
	Indianapolis	IN	46234-1784	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Irvington Radiologists, P.C.	Occupation Diagnost	n ic Radiologist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) DR Todd Harris			Date of Receipt
	Mailing Address 5880 Sunset Ln	04 06 7 2006		
	City	State	Zip Code	Transaction ID: 13763114
	Indianapolis	IN	46228-1450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Irvington Radiologists,	Occupation		
	P.C. Receipt For:		ic Radiologist e Year-to-Date ▼	_
	Primary General	riggregate		1
	Other (specify) ▼	0 0	250.00	
Э.	Full Name (Last, First, Middle Initial) DR Susan Ivancevich			Date of Receipt
	Mailing Address 365 East 75th Street			04 / 06 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13763115
	Indianapolis	IN	46240-2845	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Irvington Radiologists,	Occupation		
	P.C. Receipt For:		ic Radiologist e Year-to-Date ▼	\dashv
	Primary General	Aggregate		1
	Other (specify) ▼	0 0	250.00	
SI	JBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 10 / 30			
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Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
\rangle	American College of Radiology Associa	tion					
Α.	Full Name (Last, First, Middle Initial) DR Kenyon K. Kopecky			Date of Receipt			
	Mailing Address 650 Sugarbush Dr	04 06 4 2006					
	City	State	Zip Code	Transaction ID: 13763116			
	Zionsville	IN	46077-1907	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Irvington Radiologists, PC	Occupation Diagnost	n ic Radiologist				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		250.00	1			
	Other (specify) ▼						
В.	Full Name (Last, First, Middle Initial) DR Jean Kraft	Date of Receipt					
	Mailing Address 5187 Sue Dr	04 06 2006					
	City	State	Zip Code	Transaction ID: 13763117			
	Carmel	IN	46033-8669	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer	Occupation	n				
	Irvington Radiologists, P.C.	Diagnost	ic Radiologist				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		050.00	1			
	Other (specify) ▼		250.00				
<u>с.</u>	Full Name (Last, First, Middle Initial) DR David Kurlander	Date of Receipt					
	Mailing Address 12511 Glendurgan Dr			04 06 2006			
	City	State	Zip Code	Transaction ID: 13763118			
	Carmel	IN	46032-8314	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Irvington Radiologists, P.C.	Occupation Diagnost	n ic Radiologist				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	-	050.00	1			
	Other (specify)		250.00				
_	LIDTOTAL ADMINISTRATION OF A STATE OF			750.00			
L	UBTOTAL of Receipts This Page (optional)						

COUEDING A /EEO Form OV)]		FOR LINE NUMBER: PAGE 11/30
3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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or	ny information copied from such Reports and State for commercial purposes, other than using the	name and add	r not be sold or used by any personal ress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American College of Radiology Associa	ation		
Full Name (Last, First, Middle Initial) A. DR Dale McCarter				Date of Receipt
Mailing Address 7150 N Pennsylvania St		t		04 06 2006
	City	State	Zip Code	Transaction ID: 13763119
	Indianapolis	IN	46240-3036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Irvington Radiologist		ic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) DR Gordon McLaughlin, III			Date of Receipt
	Mailing Address 8440 Coral Reef Ct	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13763120
	Indianapolis	IN	46256-9505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Irvington Radiologists, P.C.	Occupation Diagnosti	n ic Radiologist	
	Receipt For:	Aggregate	Year-to-Date	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) DR Bruce Richmond			Date of Receipt
	Mailing Address 8106 Halyard Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13763121
	Indianapolis	IN	46236-9567	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Irvington Radiologists, P.C.		ic Radiologist	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	LIBTOTAL of Receipts This Page (optional)			750.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American College of Radiology Associati	on		
Full Name (Last, First, Middle Initial) DR Scott Savader Mailing Address Irvington Radiologists PC 7205 Shadeland Station Ste 150 City State Indianapolis IN FEC ID number of contributing federal political committee.			Zip Code 46256-3974	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Irvington Radiologists, P.C. Receipt For: Primary General Other (specify) ▼		n ic Radiologist e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) DR Stephan Stockberger, JR Mailing Address 8352 Skipjack Dr			Date of Receipt M
	City Indianapolis	State IN	Zip Code 46236-9582	Transaction ID: 13763128 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40200 0002	250.00
	Name of Employer Irvington Radiologists, P.C. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n ic Radiologist e Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) DR Michael Swack			Date of Receipt
Mailing Address 9703 Hunt Club Rd				$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Zionsville	State IN	Zip Code	Transaction ID: 13763129
	FEC ID number of contributing federal political committee.	C	46077-8454	Amount of Each Receipt this Period 250.00
	Name of Employer Irvington Radiologists, P.C. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n ic Radiologist e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number on			

SCHEDULE A (FEC Form 3	X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/30
ITEMIZED RECEIPTS	•	or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than using	and Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ig the name and add	aress or any pondical committee to	Sonor contributions from Such committee.
American College of Radiology A	ssociation		
/ American conege of naciology A			
Full Name (Last, First, Middle Initial) A. DR Perry Wethington			Date of Receipt
Mailing Address 12060 Landover L	ane		M M / D D / Y Y Y Y
			04 06 2006
City	State	Zip Code	Transaction ID: 13763130
Fishers	IN	46038-9548	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Irvington Radiologists,	Occupation		
<u>P.C.</u>		ic Radiologist	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		250.00	
·			
Full Name (Last, First, Middle Initial) B. DR Joseph Yedlicka			Date of Receipt
Mailing Address 9034 Bay Breeze	04 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 13763131
Indianapolis	IN	46236-9170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Irvington Radiologists,	Occupation	n	
<u>P.C.</u>		ic Radiologist	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		250.00	
	0 0		
Full Name (Last, First, Middle Initial) DR Thomas Harle			Date of Receipt
Mailing Address Wake Forest Univ			M M / D D / Y Y Y Y
Medical Center BI	vd State	Zip Code	0 4 1 7 2 0 0 6
Winston Salem	NC	271 <u>5</u> 7-0001	Transaction ID: 13911217 Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1 1	
federal political committee.	C		250.00
Name of Employer Wake Forest Univ Sch Med	Occupation		7
<u> </u>		ic Radiologist	_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (option	nal)		750.00
TOTAL This Period (last page this line nu	mber only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/30 (check only one)
Ar	ny information copied from such Reports and Statemer for commercial purposes, other than using the name a	nts may	not be sold or used by any perse dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American College of Radiology Association			
Α.	Full Name (Last, First, Middle Initial) DR Bruce Cardone Mailing Address 1340 Barrington Woods Dr			Date of Receipt
	City St Brookfield W	ate /I	Zip Code 53045-2207	Transaction ID: 13911218 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Radiology Specialists of Milwaukee, S. Dia		n ic Radiologist 9 Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) DR John Hamer Mailing Address 17380 Saint James Rd	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City St	Transaction ID: 13911219		
	Brookfield W FEC ID number of contributing federal political committee. C	_	53045-2079	Amount of Each Receipt this Period 250.00
	Radiology Specialists of Milwaukee, S. Dia		n ic Radiologist Year-to-Date ▼ 250.00	
<u> </u>				Date of Receipt
	Mailing Address 1660 N Prospect Ave Apt 220 City St	ate	Zip Code	0 4 1 7 2 0 0 6 Transaction ID: 13911220
	Milwaukee W		53202-2486	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Radiology Specialists of Milwaukee, S.		nic Radiologist Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number only)			. L

SCH	EDULE A (FEC Form 3X)			FOR LINE NUMBER	: PAGE 15/30
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Any inf	formation copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soli	citing contributions
or for c	commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	n such committee.
\ NAI	ME OF COMMITTEE (In Full)				
An	nerican College of Radiology Associa	tion			
-	Name (Last, First, Middle Initial) en C. Katz			Date of Receipt	
Mai	iling Address 124 E Miller Drive			04 1	2006
City	/	State	Zip Code	Transaction ID: 1	3911221
Me	equon	WI	53092-6190	Amount of Each F	Receipt this Period
	C ID number of contributing eral political committee.	C			250.00
Nar Rad	me of Employer diology Specialists of	Occupation	n ic Radiologist		
	waukee, S. ceipt For:		e Year-to-Date ▼	\dashv	
	Primary General	33 - 3		1	
	Other (specify) ▼		250.00		
	I Name (Last, First, Middle Initial) Debra Wiedmeyer			Date of Receipt	
Mai	iling Address 11418 N Canterbury Ln			M M / D I	7 2006
City	/	State	Zip Code	Transaction ID: 1	13911252
Me	equon	Amount of Each F			
FE	C ID number of contributing				050.00
	eral political committee.	C			250.00
Nar	ne of Employer diology Specialists of	Occupation	n		
Had Milv	diology Specialists of waukee, S.	Diagnost	ic Radiologist		
Red	ceipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼		230.00	J	
_	Name (Last, First, Middle Initial) Robert Gould			Date of Receipt	
	lling Address 10626 Turnberry Dr			M M / D D) / Y Y Y Y
	·			0 4 1	7 2006
City		State	Zip Code	Transaction ID: 1	
<u>Me</u>	equon	WI	53092-6309	Amount of Each F	Receipt this Period
	C ID number of contributing eral political committee.	C			250.00
Nar	me of Employer	Occupation	n		
Milv	diology Specialists of waukee, S.	Diagnost	ic Radiologist		
Red	ceipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1	250.00	1	
	Other (specify) ▼	0 0	250.00	J.	
SUBT	OTAL of Receipts This Page (optional)				750.00
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5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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۸r	y information copied from such Reports and St	ntomonte may	, not be cold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American College of Radiology Associa	tion		
	American College of Hadiology Associa	llion		
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	DR Douglas Winjum			Date of Receipt
	Mailing Address Bryan Memorial Hospita	 al		M M / D D / Y Y Y
	1600 S 48th St			04 17 2006
	City	State	Zip Code	Transaction ID: 13911325
	Lincoln	NE	68506-1227	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer Lincoln Radiology Group	Occupation		
			ic Radiologist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	1000.00	1
	Other (specify)	0 0	1000.00	_
D	Full Name (Last, First, Middle Initial) DR Kelly Broderick			Date of Receipt
υ.	Mailing Address 2840 Mariposa Dr			<u> </u>
	Mailing Address 2840 Mariposa Dr			04 20 2006
	City	State	Zip Code	Transaction ID: 13954800
	Burlingame	CA	94010-5735	Amount of Each Receipt this Period
	•		34010 3733	Amount of Lach Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer California Advanced Imagi-	Occupation	n	
	ng, M.A.	Diagnost	ic Radiologist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		400.00	7
	Other (specify) ▼		400.00	
_	Full Name (Last, First, Middle Initial)			Data of Dags int
C.	DR Douglas Geiger			Date of Receipt
	Mailing Address 1658 N Russell Rd			04 21 2006
	City	State	Zip Code	Transaction ID: 13966420
	Bloomington	IN	47408-9637	
		IIN	47408-9037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederai politicai committee.			
	Name of Employer	Occupation	n	\neg
	SIRA	Diagnost	ic Radiologist	
	Receipt For:		e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1325.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17/30
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П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American College of Radiology Associa	tion		
Α.	Full Name (Last, First, Middle Initial) DR James Husted			Date of Receipt
	Mailing Address Crozier-Chester Med Ct 1 Medical Center Blvd	r		04 21 2006
	City	State	Zip Code	Transaction ID: 13966421
	Chester	PA	19013-3902	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Southeast Radiology, Ltd.	Occupation	n ic Radiologist	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	1	250.00	
В.	Full Name (Last, First, Middle Initial) DR W Cloud			Date of Receipt
	Mailing Address 10 Emma PI			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13966584
	Suffield	CT	06078-2165	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		500.00
	Name of Employer Radiology and Imaging Inc.	Occupation		
			ic Radiologist	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Other (specify)	0 0	1 0 0 0 0 0 0	J.
<u> </u>	Full Name (Last, First, Middle Initial) DR Amy Kotsenas			Date of Receipt
٥.	Mailing Address Mayo Clinic Jacksonville			M M / D D / Y Y Y Y
	4500 San Pablo Rd S	•		04 21 2006
	City	State	Zip Code	Transaction ID: 13966586
	Jacksonville	FL	32224-1865	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer Mayo Clinic	Occupation		
			ic Radiologist	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		300.00	1
				1250.00
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	1200.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may ne and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American College of Radiology Association	on		
A .	Radiology Medical Group	State CA C C Coccupation Diagnosti	Zip Code 92103-2238 n ic Radiologist e Year-to-Date ▼ 250.00	Date of Receipt M M M / 27 / 2006 Transaction ID: 14043044 Amount of Each Receipt this Period 250.00
3.	Chambersburg Imaging Associates		Zip Code 17201-3389 n ic Radiologist e Year-to-Date ▼ 250.00	Date of Receipt M M / 27 / 2006 Transaction ID: 14043045 Amount of Each Receipt this Period 250.00
D.	Children's Hospital Rad. Foundation	State IL Cccupation Diagnosti	Zip Code 60611-4308	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19	/ 30
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committe	e.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American College of Radiology Associa	ation			
\angle	3 37				
	Full Name (Last, First, Middle Initial)				
A.	DR Betsy Card			Date of Receipt	
	Mailing Address 4155 Riverhaven Dr			04 27 200	
	City	State	Zip Code	Transaction ID: 14043119	
	Reno	NV	89509-2189	Amount of Each Receipt this Perio	nd
	FEC ID number of contributing				1 1
	federal political committee.	C		250	0.00
	Name of European	10			
	Name of Employer Great Basin Imaging Carson	Occupation	n ic Radiologist		
	City Receipt For:		Year-to-Date V	\dashv	
	Primary General	riggrogato	Tour to Bate V		
	Other (specify) ▼		250.00		
				'	
	Full Name (Last, First, Middle Initial)				
В.	DR Lawrence Liebscher			Date of Receipt	
	Mailing Address 2615 W 4th St			0 4 1 5 2 0 0	0.6
	City	State	Zip Code	Transaction ID: 14049108	50
	Waterloo	IA	50701-4050	Amount of Each Receipt this Perio	
			30701-4030		1 1
	FEC ID number of contributing federal political committee.	C		1000	.00
				_	
	Name of Employer Cedar Valley Medical Spec-	Occupation			
	ialists, PC		ic Radiologist	4	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		1000.00		
	care (epison), •	0 0		'	
_	Full Name (Last, First, Middle Initial)				
C.	DR David Buck			Date of Receipt	
	Mailing Address 144 Penhurst Dr			04 28 200	
	City	State	Zip Code	Transaction ID: 14049974	5.0
	Pittsburgh Pittsburgh	PA	15235-5320	Amount of Each Receipt this Perio	
	FEC ID number of contributing		10200 0020		
	federal political committee.	C		250	0.00
		1			
	Name of Employer Greensburg X-Ray Associat-	Occupation			
	es Receipt For:	ic Radiologist Year-to-Date ▼	_		
	Primary General	Aggregate	real-lo-Dale ▼		
	Other (specify)		250.00		
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s	UBTOTAL of Receipts This Page (optional)			1500	.00
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PAGE 20/30 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page _17** 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American College of Radiology Association Full Name (Last, First, Middle Initial) Date of Receipt A. DR P Lynwood Stagg, III Mailing Address 115 Pearce Dr 0.4 2006 28 Zip Code City State Transaction ID: 14049977 <u>Jamesto</u>wn NC 27282-8444 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer High Point Radiological Occupation Diagnostic Radiologist Services Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. DR Shane Kraske Date of Receipt Mailing Address 1165 Wild Prairie Dr 0.4 28 2006 City State Zip Code Transaction ID: 14063489 Iowa City 52246-8707 IΑ Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Radiologic Medical Servic-Occupation Diagnostic Radiologist es, Coralvill Receipt For: Aggregate Year-to-Date ▼ General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. DR Bill Warren Date of Receipt Mailing Address **UWMC** 0.4 2006 28 Box 357115 City State Zip Code Transaction ID: 14063492 WA 98195-0001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer University of Washington Occupation Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)

0	CHEDIII E A /EEC Form 2V)]		FOR LINE NUMBER: PAGE 21/30
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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or	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may name and ado	r not be sold or used by any personal ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American College of Radiology Associa	tion		
Α.	Full Name (Last, First, Middle Initial) DR Michael DeVenny			Date of Receipt
	Mailing Address 3090 Yorktown Dr			04 28 2006
	City	State	Zip Code	Transaction ID: 14063494
	Tuscaloosa	AL	35406-2713	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer The Radiology Clinic		c Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
— В.	Full Name (Last, First, Middle Initial) DR William Herrington			Date of Receipt
	Mailing Address 1110 Laurel PI			0 4
	City	State	Zip Code	Transaction ID: 14063992
	Athens	GA	30606-5789	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer Athens Radiology Associat- es	Occupation Diagnosti	n c Radiologist	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1250.00]
<u> </u>	Full Name (Last, First, Middle Initial) DR John Lohnes, JR			Date of Receipt
	Mailing Address Wichita Radiological Gr PO Box 8903	oup PA		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14063994
	Wichita	KS	67208-0903	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Wichita Radiological Group PA	-	c Radiologist	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
s	UBTOTAL of Receipts This Page (optional)			1125.00
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S	CHEDULE A (FEC Form 3X)		Llas assausta askada(a)	FOR LINE NUMBER: PAGE 22/30
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	ame and add	rnot be sold or used by any person dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American College of Radiology Associa	tion		
A.	Full Name (Last, First, Middle Initial) DR William Powlis			Date of Receipt
	Mailing Address Crozer Chester Medical 1 Medical Center Blvd	Center		04 28 2006
	City	State	Zip Code	Transaction ID: 14063996
	Chester	PA	19013-3902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Southeast Radiology Ltd.	Occupation Radiation	n n Oncologist	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	000.00	
В.	Full Name (Last, First, Middle Initial) DR Elizabeth D'Angelo			Date of Receipt
	Mailing Address 108 Bur Ben Ln			M M / D D / Y Y Y Y
	City	State	Zip Code	04 28 2006
	City New Bern	NC	28560-7520	Transaction ID: 14075219 Amount of Each Receipt this Period
			20300-7320	
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Coastal Radiology	Occupation		
	Receipt For:	. · ·	ic Radiologist Year-to-Date ▼	
	Primary General	Aggregate		1
	Other (specify) ▼	0 0	400.00	
<u> </u>	Full Name (Last, First, Middle Initial) DR David Marcantonio			Date of Receipt
	Mailing Address Georgia West Imaging			M M / D D / Y Y Y Y
	119 Maple St Ste 205			04 28 2006
	City Carrollton	State GA	Zip Code 30117-3259	Transaction ID: 14126296
		<u>un</u>	30117-3239	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Georgia West Imaging	Occupation Diagnost	n ic Radiologist	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify) ▼			1
s	UBTOTAL of Receipts This Page (optional))	450.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23/30
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\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American College of Radiology Associat	ion		
Α.	Full Name (Last, First, Middle Initial) DR Terry Martin			Date of Receipt
	Mailing Address Rad Assoc of Biirmingha 2090 Columbiana Rd Ste			04 28 7 2006
	City	State	Zip Code	Transaction ID: 14126308
	Birmingham	AL	35216-2152	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Rad Assoc of Biirmingham PC	Occupation Diagnost	n ic Radiologist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		100.00	1
	Other (specify) ▼		400.00	
В.	Full Name (Last, First, Middle Initial) DR Demetrius Morros			Date of Receipt
	Mailing Address 1045 Lake Colony Ln			04 28 2006
	City	State	Zip Code	Transaction ID: 14126336
	Birmingham	AL	35242-7402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Birmingham Radiological Group P.C.	Occupation Diagnost	n ic Radiologist	
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) DR Alfred Mansour, JR			Date of Receipt
	Mailing Address Central LA Imaging Inc 3704 North Blvd Ste A			M M / D D / Y Y Y Y Y Y Y Y 2 0 0 6
	City	State	Zip Code	Transaction ID: 14130095
	Alexandria	LA	71301-3606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer Central LA Imaging Inc.	Occupation Diagnost	n ic Radiologist	
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		333.36	
s	UBTOTAL of Receipts This Page (optional)			258.34
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FOR LINE NUMBER: PAGE 24/30 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 **X** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American College of Radiology Association Full Name (Last, First, Middle Initial) Date of Receipt Vanguard Mailing Address PO Box 13750 0 4 28 2006 City Zip Code State Transaction ID: 14516523 Philadelphia PA 19101 Amount of Each Receipt this Period FEC ID number of contributing C 987.96 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Interest 3304.90 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	987.96
TOTAL This Period (last page this line number only)	<u> </u>	987.96

SC	CHEDULE B (FEC Form	3X)	Use sepe	erate schedule(s)				NUMBE	R:			PAGE	25/	30
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<u> </u>	NAME OF COMMITTEE (In Full)	ng the name	o ana addito	oo or arry portious			00 10 30	more oorner	ibati.	0110 111	0111 00	1011 0011	mittoo	
\rangle	American College of Radiology A	Association	า											
_	Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	: 137	23915		
Α.	Norwood For Congress							Date o	of Di	sburs	emen		V V	V
	Mailing Address PO Box 499							0 4	,) 4	L.	ž 0 ŏ (3
	City Evans		State GA	Zip Code 30809				Amou	nt of	Each	Disb	urseme	nt this	Period
	Purpose of Disbursement					01			_				1500.	00
	Candidate Name Rep. Charles W. Norwood				Ca	ateg Typ	ory/							
	Office Sought: X House Senate President		ment For: Primary Other (spe	2006 General										
	State: GA District: 9													
В.	Full Name (Last, First, Middle Initial) Friends Of Craig Thomas							Date of	of Di	sburs	emen			
	Mailing Address 2780 Olive Dr							0 ^M 4	M /	D C) 4	Y	ž 0 Ď (3 ^Y
	City Cheyenne		State WY	Zip Code 82001				Amou	nt of	Each	Disb	urseme	nt this	Period
	Purpose of Disbursement					01°	1						1000.	00
	Candidate Name Sen. Craig Thomas			Category/ Type										
	Office Sought: House X Senate President	Disburse	ment For: Primary Other (spe	2006 X General ecify) ▼										
	State: WY District: 1 Full Name (Last, First, Middle Initial)													
C.	Price For Congress							Date of	of Di	sburs	emen			V
 C.	Mailing Address P.O. Box 425							0 ^M 4	M /	[□] C) 4		ž 0 ŏ (3 ်
	City Roswell		State GA	Zip Code 30077				Amou	nt of	Each	Disb	urseme		
	Purpose of Disbursement					01	1			_			1000.	00
	Candidate Name Rep. Thomas Price				Ca	ateg Typ	ory/							
	Office Sought: X House Senate President State: GA District: 6	Disburse	ement For: Primary Other (spe	2006 X General										
91	JBTOTAL of Disbursements This Pag	e (optional)					•				•	•	3500.	00
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<u>/</u> А.	Full Name (Last, First, Middle Initial) Pete Sessions For Congress 2006							Trans Date				_	84533		
	Mailing Address Post Office Box 38585									/ [D		ž 0 ŏ	6 ^Y
		State TX	Zip Code 75238					Amou	ınt c	f Ead	ch C	Disb	urseme	ent this	Period
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Mike Thompson For Congress						Disburse				
Mailing Address 5429 Madison Avenue) 4	[/] 1	1 /	ž	0 ŏ 6	Y
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	y Information copied from such Reports a for commercial purposes, other than usin															5			
\rangle	NAME OF COMMITTEE (In Full) American College of Radiology A	ssociation																	
۹.	Full Name (Last, First, Middle Initial) Mccrery For Congress Committee)								of D	isburse	eme	46027 nt	_	٧	Y			
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 30/30						
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	y Information copied from such Reports and Sta for commercial purposes, other than using the n		, ,							
$\overline{\ }$	NAME OF COMMITTEE (In Full)									
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٩.	Bank of America			Date of Disbursement						
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	City	State Zip Code		Amount of Each Disbursement this Period						
	Richmond	VA 23261-7025		E01 E4						
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	Candidate Name		Category/ Type							
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